



K02388  
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## Summary of Safety and Effectiveness

**Applicant/Sponsor:** Biomet Orthopedics, Inc.  
P.O. Box 587  
Warsaw, Indiana 46581-0587

DEC 11 2002

**Contact Person:** Patricia Sandborn Beres  
Senior Regulatory Specialist  
Phone: (574) 267-6639  
Fax: (574) 372-1790

**Trade Name:** Press-Fit Head Resurfacing Device

**Common Name:** Hemi-hip

**Classification Name:** Hip joint femoral (hemi-hip) metallic resurfacing prosthesis (21 CFR 888.3400)

**Legally Marketed Device to which Substantial Equivalence is claimed:** Cemented Femoral Head Resurfacing Device (K021799), Conserve Head (K811008), TARA Head (K962514), Surface Replacement Hip Prostheses (K811718)

**Device Description:** The Press-Fit Head Resurfacing device is designed to replace the outer surface of the femoral head while preserving as much natural bone as possible. The device retains the diameter of the natural femoral head and articulates against the natural acetabulum (hemi-hip).

The device is manufactured from cobalt alloy (Co-Cr-Mo) conforming to ASTM F-75. It has a highly polished outer surface and a titanium plasma spray coated inner surface. A central post is provided for stabilization. The device is available in diameters of 38mm to 60mm, in one-millimeter increments.

**Intended Use:** Non-inflammatory degenerative joint disease, including osteoarthritis and avascular necrosis and rheumatoid arthritis. The device is a single use implant intended for press-fit application.

**Summary of Technologies:** The materials, surface finishes and processing of the Press-Fit Head Resurfacing Device are similar to the predicate device.

**Non-Clinical and Clinical Testing:** None provided

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DEC 11 2002

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Ms. Patricia Sandborn Beres  
Senior Regulatory Affairs Specialist  
Biomet, Inc.  
P.O. Box 587  
Warsaw, Indiana 46581-0587

Re: K023188

Trade Name: Press-Fit Head Resurfacing Device  
Regulation Number: 21 CFR 888.3400  
Regulation Name: Hip joint femoral (hemi-hip) metallic resurfacing prosthesis  
Regulatory Class: II  
Product Code: KXA  
Dated: September 23, 2002  
Received: September 24, 2002

Dear Ms. Sandborn Beres:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

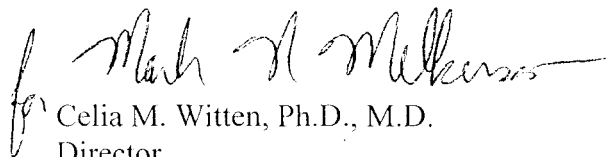
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Page 2 – Ms. Patricia Sandborn Beres

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for *in vitro* diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>.

Sincerely yours,

for Celia M. Witten, Ph.D., M.D.  
Director

Division of General, Restorative  
and Neurological Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

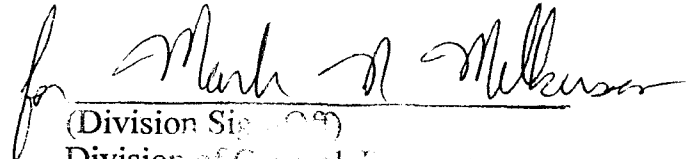
510(k) Number (if known): K023188

Device Name: Press-Fit Head Resurfacing Device

**Indications For Use:**

Non-inflammatory degenerative joint disease, including osteoarthritis and avascular necrosis, and rheumatoid arthritis.

The device is a single use implant intended for press-fit application.

  
(Division Signatory)  
Division of General, Innovative  
and Neurological Devices

510(k) Number K023188

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use  
(Per 21 CFR 801.109)

OR

Over-The-Counter Use

(Optional Format 1-2-96)

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